



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
HEADQUARTERS, 2ND INFANTRY DIVISION
UNIT # 15041
APO AP 96258-5041

EAID-CG

02 FEB 2010

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Policy Letter # 37, 2nd Infantry Division Command Policy on High Risk Contact Sports

1. This policy is effective immediately and remains in effect until rescinded or superseded.

2. REFERENCES.

- a. AR 385-10, The Army Safety Program, Rapid Action Revision, 05 August 2009
- b. AR 215-1, Military Morale, Welfare, and Recreation Programs and Nonappropriated Fund Instrumentalities, 31 July 2007
- c. FM 3-25.150, Combatives, 01 April 2009
- d. FM 5-19, Composite Risk Management, 21 August 2006
- e. Memorandum, EUSA, EACG, 18 November 2009, Subject: High Risk Contact Sports Policy.
- f. Memorandum, IMCOM-K, IMKO-SO, 05 June 2009, Subject: Policy Memorandum # 6, Safety.

3. **PURPOSE.** To provide guidance and establish policy for high risk contact sports competitions. This policy applies to all Soldiers, Civilians and Contractors assigned to the 2nd Infantry Division, regardless of what area they are located in (Area I through IV). The purpose of this policy is not to discourage members from participating in these activities but to ensure awareness of the hazards and the potential for injury.

4. **BACKGROUND.** Over the past several months, the Command has experienced serious injuries during contact sport competitions. Accident trends and analysis was conducted to determine areas where safety improvements could be implemented. While risks associated with contact sports cannot be completely eliminated, actions can be taken to reduce the risks and protect the force.

5. **DISCUSSION.** Competitive sporting events help instill individual pride and unit esprit de corps. In all cases, these events include some risk of injury for the participants.

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Members of this command are expected to exercise sound judgment and self-discipline in all activities and not put life or limb, or the performance of their military duties in jeopardy. Commanders and First-Line Supervisors must ensure they are aware of all personnel under their supervision who participate in High Risk Activities. Commanders must discuss training, experience, and use of safety equipment, as well as, rules and precautions necessary for any subordinate to follow when participating in High-Risk Activities. Acceptance of risk is a serious matter that must be weighed against operational and mission requirements. The sporting events and programs that we host and sponsor within the Division involve varying degrees of risk. To mitigate these risks, the following procedures will be implemented:

a. Chain of Command Approval

(1) Leaders are personally responsible for creating the right safety environment within their organizations. The importance of creating safety values and inculcating them at all levels of our workforce cannot be overemphasized. Leaders occupy a position of trust and are responsible for the stewardship of our people and assigned resources. Responsibility for the safety of personnel is a leadership function. No Soldier, Civilian or Contractor assigned to this command will be allowed to compete in high risk sports competition without the approval of his or her immediate Chain of Command and Battalion Commander.

(2) Soldiers Periodic Health Assessment (PHA) must be current. Civilians and Contractors must have a valid Annual Physical Exam. Each competitor must have a sports physical within 30 days of the event at the installation TMC. Just prior to the event, a qualified medical practitioner will conduct a pre-event screening of all competitors to ensure everyone remains cleared to compete.

(3) The attached "Physical Exam / Commander Approval Checklist" will be used for all high risk contact sports competitions. All high risk events (e.g., martial arts, boxing, wrestling, combative competitions, and other similar activities) will comply with reference 2e, above.

b. Unit Sponsored Combatives Competitions

(1) All combative events will comply with the requirements outlined in FM 3-25.150, Combatives, 01 April 2009.

(2) All unit sponsored or hosted combatives competitions will be considered "HIGH" risk events. Commanders will conduct a thorough Composite Risk Management, and the CRM worksheet will become a part of the event OORDER/MOI.

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All unit sponsored combative competitions will be approved by the first Commander in the grade of O-6 or above, in the chain-of-command of the unit sponsoring the event.

c. All members of this command who compete in Family Morale, Welfare, and Recreation (FMWR) high risk contact sporting events or competitions will comply with paragraphs 5a(1) through 5a(3) above and the requirements outlined in Memorandum EUSA, EACG, Subject: High Risk Contact Sports Policy, 18 November 2009.

d. No high risk contact sport competitions on Camp Casey / Hovey enclave will take place unless there is an Ambulance / EMT personnel present during the event and Casey MEDEVAC Section has been notified and placed on standby. MEDEVAC operations must be cleared to fly and are contingent on VFR Forecast Weather at estimated time of arrival, plus one hour. Both of these risk mitigating measures / controls will be in place before the event can take place. Events on Camp Red Cloud and Camp Stanley will also have Ambulance / EMT personnel present.

e. Training

(1) The above requirements do not apply to contact sports training programs conducted as part of physical training, Soldier training, or training clinics.

(2) Commanders will use the Composite Risk Management process to determine controls and risk mitigation measures for these events.

(3) Commanders will ensure the Composite Risk Management process is completed for all high risk sporting / training events not specifically outlined in this policy. The final approved worksheet will become part of the Memorandum of Instruction (MOI) for the event.

6. PROPONENT. The Second Infantry Division Command Safety Office is the proponent for this policy. The Safety Office may be reached at DSN 732-7032/7061/7298 or by email: 2IDCSO@korea.army.mil.

Encl
as



MICHAEL S. TUCKER
MG, USA
Commanding

DISTRIBUTION:

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PHYSICAL EXAM/COMMANDERS APPROVAL FORM

MARTIAL ARTS () WRESTLING ()

COMBATIVES COMPETITION () BOXING ()



Full Name: _____ Rank: _____ Unit: _____
(Last Name, First, MI.)
Unit Tel NO: _____ Cell NO. _____ Age: _____ Height: _____
Camp: _____ Hometown: _____ Weight: _____
CDRS Approval: _____ Signature _____
(Last Name, First, MI.)

PARTICIPANT QUESTIONNAIRE

Circle your answer

1. Have you had a physical examination within the last year?	yes	no
2. Do you have a profile?	yes	no
3. Have you had within the last 2 months infectious mononucleosis, hepatitis, and active rheumatic fever or tuberculosis?	yes	no
4. Have you had within the 2 weeks a cold, sinus infection or urinary tract infection?	yes	no
5. Have you ever had prolonged bleeding after dental work surgery, or bruising?	yes	no
6. Do you have diabetes?	yes	no
7. Do you have the absence of, or severe impairment of vision of one eye?	yes	no
8. Do you have asthma, shortness of breath, or chronic cough?	yes	no
9. Do you have high blood pressure?	yes	no
10. Have you ever been told that you have heart trouble or extra heart beats?	yes	no
11. Have you ever had heart or blood vessel surgery?	yes	no
12. Have you ever been told that your liver was enlarged?	yes	no
13. Have you ever been told that your spleen was enlarged?	yes	no
14. Have you ever had a hernia?	yes	no
15. Have you had a concussion, been knocked out or had a head injury within the last year?	yes	no
16. Have you lost consciousness or passed out within the last year?	yes	no
17. Have you had severe pain in the neck or lost feeling in your arms or legs in the last year?	yes	no
18. Have you ever had a seizure or convulsions?	yes	no
19. Do you presently have any joint pain or muscle discomfort?	yes	no
20. Have you ever had any surgery on your head?	yes	no
21. Have you had any kidney problems?	yes	no
22. Do you have both testicles in your scrotum?	yes	no
23. Do you take any medication regularly? If so, what? ()	yes	no
24. Have you seen a doctor within the last month? If so, for what? ()	yes	no
25. Have you lost or gained weight recently? When?	yes	no
26. What is your time in the 2 mile run? ()	yes	no

YOUR SIGNATURE ATTESTS THAT THE ABOVE ANSWERS ARE TRUE TO THE BEST OF YOUR KNOWLEDGE.

SIGNATURE: _____ DATE: _____

PRE-EVENT MEDICAL EXAMINATION RECORD*

*To be completed at your installation TMC before arrival

Temperature _____ Blood Pressure _____ Pulse _____
Head _____ Chest _____ Genitals _____
Abdomen _____ Extremities _____ Weight _____

Attending Physician _____

Doctor Signature: _____ Date: _____